



Nebraska Department Of Health & Human Services
IMMUNIZATION RECORD

Dear Parents:

School and child care immunization requirements reflect current medical recommendations and may require vaccines against any or all of the following diseases:

Measles	Diphtheria
Mumps	Tetanus
Rubella	Pertussis
Polio	Haemophilus influenzae (type b)
Hepatitis B	Chickenpox
Pneumococcal disease	

Consult your school nurse, child care provider, or health care provider for additional information. Please record in detail on this card all immunizations your child has received.

☐ In compliance

☐ Standard series
complete

☐ Other

Do not write above this line. For school use only.

Child's Name: Last

First

Middle Initial

Parent First Name

Street and Number

Town

County

Telephone

Child's Birthdate

Age in Years

☐ Male ☐ Female

Comments